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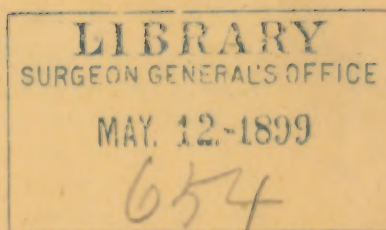
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STANDARD FOR ARMY NURSES

By

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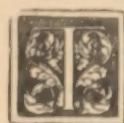
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STANDARD FOR ARMY NURSES

ANITA NEWCOMB MCGEE, M.D.



THE war is over, and the army is gradually being adapted to the new conditions which we face. Gradually, to, the nursing service of the army is being perfected, improved and organized on a permanent basis such as will make it attractive to the best class of nurses. One of the first and most important questions to be considered in the connection is, What shall constitute eligibility for army nursing? and it is this matter which I wish, through the medium of the TRAINED NURSE, to bring to the attention of the nurses of the country. To make the true significance of this problem clear, it is necessary to begin with a brief retrospect.

As early as February, last year, officers of the Government began to receive applications from women who wished to serve as nurses during the approaching war, and all these papers found their way to the files of the Surgeons-General of the Army and Navy. The first step towards the employment of women in this capacity was taken by General George M. Sternberg, Surgeon-General of the Army, who applied to the United States Congress for the necessary authority and appropriation. This was granted in April, and I cannot refrain from adding here that this fact, though generally ignored or unknown, is one which the nurses of this country ought never to

forget. Without this far-seeing action by this officer, there would have been no women army nurses.

It was in April also that I learned of the hundreds of applications that were pouring in, and that there was then neither officer nor clerk who could be spared to give them even a cursory examination.

The necessity for the establishment of a standard which should give only to graduate nurses the official recognition of the Government appealed strongly to me. I was then a Vice-President of the National Society of the Daughters of the American Revolution, and I at once proposed to that organization that it should offer its services to the Surgeons-General of both the Army and Navy as an examining board for women nurses. My plan was adopted, the offer made and immediately accepted, and the "D. A. R. Hospital Corps" was organized. There were three officers, beside myself as Director, and from our 25,000 Daughters, committees to aid us were formed in all parts of the country. From the end of April to September 7th, every application from a woman who wanted to be a Government nurse was examined by us and tested by our standards. Our large organization was admirably adapted to this work, as our committees were able to see the applicants, and to testify to their character and reputation.

In fact, however, the popular supposition that the Daughters were "chosen" for this work has no basis in fact. No other person or organization offered to examine and test all applicants. Had the Daughters not done this, there would have been no such thing as an "Army standard."

The trained nurses who volunteered through their own professional organizations, were far too limited in number for the needs which developed; and for many other reasons which there is no space to detail here, it would not have been possible to limit the appointments to such applicants. Every one of the societies that offered to supply nurses, excepting, of course, the professional organizations and the Daughters, accepted as eligible both trained and untrained women. The assistance of all of these societies was cordially welcomed, but it was always plainly stated that no applicant should receive an appointment through the Daughters who did not conform to our standards.

To be placed on the eligible list during the past summer, a nurse must have been graduated from a training school, and have the endorsement of the present superintendent of that school, or the one under whom she was trained. Endorsements from physicians were received in most cases, and besides these, the endorsement of some lady of known standing was requested. As the easiest way of obtaining this certificate of good reputation, the nurses were usually endorsed by some member of the D. A. R. Distinction was always made between this simple "request" and the "must" applied to the endorsement from the superintendent. The original age limit was 30 to 50 years, and even after the demand became very large, few nurses of less than 23 or 24 years of age were accepted. A require-

ment which was not demanded at the outset of the work, but the necessity for which soon became apparent, was a physician's certificate that the applicant was well and strong enough for army duty.

By order of the Surgeon-General, the nurses sent to Santiago in July and August were all immune to yellow fever. Very few of these nurses were selected by us, the great majority being secured through the services of Mrs. Curtis, wife of the Superintendent of Freedman's Hospital, Washington, D. C., who was sent to New Orleans and other southern points for the purpose.

It was in August that the terrible epidemic of typhoid fever, which raged through the army, caused ever-increasing demands for nurses. Our eligible list, by reason of these large calls, became seriously reduced. August 15th there were about 326 nurses in the army; August 31st there were almost 1,000. We begged our committees of Daughters to secure new applicants, and we sent repeated appeals to the superintendents of training schools. The situation was critical, and for some time we were confronted with the possibility of not being able to secure enough trained nurses. At this same time many soldiers were being sent to civil hospitals, and to their own homes, and the services of nurses were urgently in demand to care for them. Although the profession had seemed overcrowded in some parts of the country, it became manifest that in time of such great emergency, the demand still exceeded the supply. We would not send even graduate nurses whose superintendents had written us that they were undesirable, nor would we send nurses without training. We did then accept, however, graduates from small special schools, graduates from insane asylums,

and even some graduates from training schools which did not require hospital residence. But even with these concessions, the appeals from some of the camps could not be met, and surgeons at some of the hospitals, notably Jacksonville and Lexington, were authorized by the Surgeon-General to make contracts with any women who offered services. Those were trying times in Jacksonville, and it is no wonder that some of the women who volunteered and were accepted by the surgeons without inquiry, proved not to be of the same class as their companions in the service. At Montauk, also, the Chief Surgeon had authority to contract with volunteers who went there, and at the Detention Hospital a number of these were not trained nurses.

In August the services of several Catholic orders were accepted, the principal one being the Sisters of Charity of Emmitsburg, Md. They, individually, filed our Daughters' application blanks, showing their qualifications, and were appointed and paid on exactly the same terms as the other nurses. Under the pressure of urgent need, however, we called for every Sister that could be spared, and consequently the Mother Superior sent 200 to the camps, although but 100 had been originally offered. Naturally many of those later sent were not so thoroughly qualified as were the Sisters in the early parties. No Sisters of Charity are in the service now, but their help in the emergency was indeed a God-send.

After my appointment as Acting Assistant Surgeon, and assignment to duty in the Surgeon-General's office, under his immediate direction, in charge of matters pertaining to women nurses in the army, the rules of eligibility previously framed were continued, excepting that

the assistance of my fellow-officers of the D. A. R. Hospital Corps and our committees throughout the country was at an end. Since high-water mark, about the middle of September, the nurses have been reduced from over 1,200 to the present number of about 350—probably the fewest that will supply army needs for a long time to come.

The success of the woman nurse in the army is undoubtedly a matter of deep interest to every American, and of vital interest to the nursing profession. And the first requisite for that success is that the women accepted for army work should be qualified therefor—physically, mentally and morally.

There appears to be no better way to provide against the admission of physically unsuitable women than by requiring a certificate from a physician as to the applicant's health and strength. I should judge 25 to be the lowest age acceptable for army nurses, but as applicants over the age of 40 years are rare, it is unnecessary to make a higher limit.

Mentally, a nurse must have had a proper and sufficient professional training. The critical question is, What constitutes such training? and it is this question which I wish the trained nurses of the country to decide. The principle is clear, namely: No nurse who is competent to properly care for sick and wounded men should be excluded from the army on artificial grounds. Practically it is necessary to designate the specific training schools who uniformly graduate competent nurses. It may be conceded at once that training schools which do not require a hospital residence and even, probably, those which require hospital residence for a period of less than two years, do not give a sufficient training. The same may be said of schools where the class of patients is so limited

as to give the pupil nurse insufficient knowledge of disease, as in the case of sanitarium for convalescents and in insane asylums. But does, for instance, a training in a hospital for women and children give the nurse such a training in the principles of her profession as would enable her to apply them successfully to male patients? Do graduates from very small general, or from special, hospitals fully compensate for what they lack by taking a course at a post-graduate school, such as the Cancer Hospital in New York, or the Emergency Hospital in Washington?

And again, do not hospitals sometimes graduate a nurse whom they would not be willing to have appear as their representative? Are the hospitals whose superintendents are eligible to active membership in the Superintendents' Association the only ones that give a sufficient training to their nurses, or is the visiting membership of that association a better criterion? I ask these questions in the belief that, much as they have been discussed, they have not yet been conclusively answered.

However they may be decided, by far the most serious aspect of the question of women in the army, namely, the moral side, remains. Only three or four instances of women of known disreputable

character obtaining army contracts have come to my knowledge, and in each case the woman was engaged by a surgeon under the emergency authority above alluded to. The real difficulty lies not in guarding against such as these, but in preventing the little flirtations which might be innocent enough if carried on at home, but which are entirely out of place in an army camp. Unfortunately, many a nurse who was highly endorsed by her superintendent has proved that her conduct is not to be relied on when she is free from the restraints to which she has been accustomed.

Almost invariably, however, the superintendents have responded in a prompt and most conscientious manner to the necessary requests for endorsements (or the contrary), and it is their misfortune rather than their fault that they have sometimes been misled. The "morale" of the army nurses must depend in the future, as it has in the past, on the care exercised by the superintendents in making endorsements.

Permit me to say, in concluding this very imperfect presentation of the subject, that now, as in the past, and so long as I hold my present position, information and advice from the trained nurses of the country will be most heartily welcome.

